

Date Received \_\_\_\_\_

Application Fee \$ 50.00  
ISSUE # \_\_\_\_\_

**TOWN OF BEL AIR  
2009 COMPREHENSIVE ZONING REVIEW  
AUTHORIZATION LETTER  
(Please Type or Print Clearly)**

**Description of Property (This information may be obtained from your Tax Bill)**

Property Location (street address): \_\_\_\_\_

Election District \_\_\_\_\_ Map # \_\_\_\_\_ Blk # \_\_\_\_\_ Parcel # \_\_\_\_\_ Tax ID # \_\_\_\_\_

Existing Zoning \_\_\_\_\_ Total Acreage of Parcel \_\_\_\_\_ Water/Sewer: Private \_\_\_\_\_ Public \_\_\_\_\_

Present Use and All Improvements: \_\_\_\_\_

**Proposed Zoning**

Requested Zoning: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Justification for Request (attached sheet if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Property Owner**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Agent or Applicant**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I (We) certify that I am (we are) the owner(s) or authorized agent of record of this parcel of land at the time of signing this form. I recognize that, if the zoning change is granted, an adjustment in the property assessment may result.**

**Agent/Owner & Date:**

\_\_\_\_\_

**ALL OWNERS OF RECORD MUST SIGN**

**Signatures by corporate officials must be that of the "Managing Member" or "President" and such title must be denoted below.**

**I (We) certify that I am (we are) the owner(s) or authorized agent of record of this parcel of land at the time of signing this form. I recognize that, if the zoning change is granted, an adjustment in the property assessment may result.**

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Owner

Please Submit a Separate Form for Each Parcel of Property